



# PUBLIC HEALTH BYTES

[www.publichealthbytes.org](http://www.publichealthbytes.org)

Henrico Health Department's Newsletter

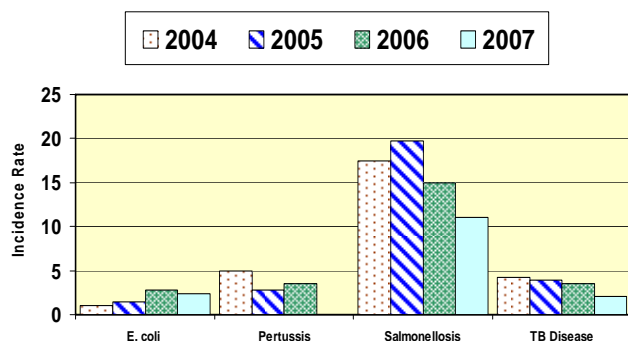
Working in partnership  
with the citizens of  
Henrico County to create  
the conditions for health.

February  
2008  
Volume 4  
Issue 2

## Trends in Disease Incidence

**Comparison of Selected Disease Morbidity:** A review of the past four years of morbidity data reveals trends in incidence. Sexually transmitted diseases continue to account for the majority of reportable morbidity in Henrico with rates of Chlamydia averaging 307 per 100,000 population and Gonorrhea 115 per 100,000 population for the 2004-07 time period. As seen from the graph below, rates of Salmonellosis and Tuberculosis have declined somewhat, while E. coli has plateaued. The four year average rate for Salmonellosis was 16 per 100,000 population, with the most common serotypes for 2007 being enteritidis and typhimurium. The chickenpox incidence rate was also 16 per 100,000 population for 2004-07. The MRSA rate for 10/24/07 to 12/31/07 was 3.1 per 100,000 population (not pictured).

Incidence Rate per 100,000 Population,  
Selected Notifiable Diseases in Henrico Co., 2004-07



## Communicable Diseases

**Henrico Roundup: Norovirus** – Institutional outbreaks of gastrointestinal illness, including norovirus, have recently been reported to health departments in the Richmond Metro area. Henrico County Health Department continues to provide assistance during any outbreaks concerning infection control recommendations and facilitation of specimen testing by the State lab. Our website resource for long term care facilities is available at: <http://www.HenricoLTCF.org>

## Seasonal Influenza Corner

### Virginia 2007-08 Influenza Surveillance Activity Level for Week 8 (as of 2/23/08): **Widespread**

Virginia is reporting "Widespread" influenza activity. See Virginia's flu data at:

<http://www.vdh.virginia.gov/Epidemiology/Surveillance/Influenza/index.htm>

## School Health

**Vaccine Requirements:** Effective 7/1/08, 2 doses of varicella vaccine are required at entry into kindergarten. The full list of requirements is available at:

<http://www.vdh.virginia.gov/Epidemiology/Immunization/requirements.htm>

## Pandemic Flu - ALERT PHASE WHO: 3; US: 0

**Pandemic/Avian Flu Update: Human Cases**– In the last 30 days, new human H5N1 infections were reported by China (3 cases), Indonesia (5 cases) and Vietnam (3 cases). The newest H5N1 cases occurred in males between the ages of 3-44 years and females ages 15-38 years. Of the 368 cases reported by fourteen countries from 2003 to 2/22/2008, 234 have been fatal (63.4%). According to a review article published in the *New England Journal of Medicine* (1/21/2008), "the median age of patients with influenza A (H5N1) is approximately 18 years, with 90% of patients 40 years of age or younger."

## Emergency Preparedness

**REMM- Radiation Event Medical Management:** We hope we never have to use this valuable resource, but just in case... The Department of Health and Human Services has created a comprehensive web page dedicated to the medical management of radiological and nuclear events. This site, which provides tools, guidelines, and general information about radiological events, can be accessed at:

<http://remm.nlm.gov>

## Environmental Health

**Rabies: What constitutes a human exposure?** This is the crucial question for any individual involved with a potentially rabid animal. In the absence of an exposure, post exposure prophylaxis (PEP) is unnecessary. Remember the two types of exposure—bite and non-bite. Virtually all bite exposures are self-evident; however, note that bat bites can be so minor as to go overlooked. Non-bite exposures involve the contamination of open wounds, cuts, mucous membranes and scratches with potentially infectious material from the animal (wet saliva or neural tissue). Other contact with a potentially rabid or rabid animal such as through petting, or coming into contact with its urine, blood or feces is **NOT** considered an exposure and does **NOT** require PEP. Rabies virus is inactivated by drying, thus contact with dried saliva is not an exposure. The health department is available to answer questions about possible rabies exposures. For more information about rabies exposure management, please see <http://www.cdc.gov/mmwr/PDF/rr/rr4801.pdf>.

### Prepared by Henrico Health District:

Mark J. Levine, MD, MPH  
Brooke Rossheim, MD, MPH  
J. Rebecca Early, MPH  
Steven Parker, BS

District Health Director  
Public Health Fellow  
District Epidemiologist  
District Emergency Planner

Tel: (804) 501-4522 Fax: (804) 501-4232

Emergency Number: 1-866-531-3068

<http://www.HenricoHealth.org>